

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029304

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6804

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Bethesda Hospital**

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**2125 Cleveland Place**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

**JAMES**

Middle

**RALPH**

Last

**WHEATLEY**

## 4. DATE OF DEATH

Month

Day

Year

**7**

**8**

**62**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**5-9-96**

## 9. AGE (last birthday)

**66**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired PLANTPOLICEMAN**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Monsanto Chem. Co.**

## 11. BIRTHPLACE (City and state or country)

**St. LOUIS, Missouri**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**Sterling Wheatley**

## 13b. MOTHER'S MAIDEN NAME

**Zoe Schumacher**

## 14. NAME OF HUSBAND OR WIFE

**Margaret Wheatley**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

(If yes, give war or dates of service) **None**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Mrs. Margaret Wheatley 2125 Cleveland 10**

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**Uremia**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

**Diabetic - Arterio nephrosclerosis**

### DUE TO (c)

**260X**

## INTERVAL BETWEEN ONSET AND DEATH

**6 Months**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **March 1958** to **7/8/62** and last saw **her** him alive on **7/8/62**

Death occurred at **4:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Malcolm B. Pawell M.D.**

## 22b. ADDRESS

**4660 Maryland**

## 22c. DATE SIGNED

**7/9/62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**7-11-62**

## 23c. NAME OF CEMETERY OR CREMATORY

**Bethany Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis County Missouri**

## 24. FUNERAL DIRECTOR

ADDRESS

**Calvin F. Feutz 4828 Natural Bridge Blvd.**

## 25. DATE RECD. BY LOCAL REG.

**JUL 10 1962**

## 26. REGISTRAR'S SIGNATURE

**Paul Smith M.D.**

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

ITEM NO.

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Dr. Malcolm B. Bawell  
4660 Maryland  
FO 1-6074  
Hours

Mon. 4-12 2-4  
Tues. Same

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.